

King County Accountable Community of Health Interim Leadership Council

CHARTER

PURPOSE

1. Background and History

In 2013, community and government partners came together to discuss ways they could more effectively address longstanding inequities in health and well-being for the people and communities of King County. This led to the King County Health and Human Services Transformation Plan, which charts a course for developing a better performing health and human service system in the King County region. It expressed a vision that, by 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities.

During roughly this same time frame, Washington developed a health innovation plan, now called *Healthier Washington*. Recognizing that health is more than health care, one of the strategies called for in that plan is to build healthier communities through a broad, collaborative regional approach. The state is calling this regional approach “Accountable Communities of Health (ACH)” and intends to invest in its development using resources from a four-year federal grant from the Center for Medicare and Medicaid Innovation.

Given the synergy between the goals of the county-level transformation plan and the state’s innovation plan, King County convened stakeholders to explore the ACH concept with the support of a \$50,000 grant from the Washington Health Care Authority and a consultant team. This work led, in December 2014, to a report back to the community and the state called *“Collaborating for Healthier King County: A Path Forward for Accountable Community of Health Design in King County.”* It recommended the creation of an “interim leadership council” (the subject of this Charter) in 2015 to work on ACH design for the King County region.

2. Purpose – Why is an ACH Interim Leadership Council forming?

The ACH interim leadership council is coming together with the intent to move the ACH to its next stage of development. A multi-sector group of leaders such as this is needed to build on the work of the 2014 ACH planning conversations.

Driven in part by timeline and deliverables of a Health Care Authority grant that is supporting design phase activities, certain agreements will need to be reached in 2015 about the functions and governance of the ACH going forward, and what entities will play what roles in the future to effectively mobilize the region around health improvement. This leadership council is an

“interim” one because its work will include recommending, by the end of 2015, an ongoing governance model.

3. Values held by the Interim Leadership Council

The following values express important, shared beliefs of the interim leadership council and will guide its behaviors and decision-making over the course of the year. They are drawn from values and principles expressed in the King County Transformation Plan, and in the Healthier Washington innovation plan.

The Leadership Council values:

- **Collective action to address complex problems.** The extent of health and social inequities in the King County region calls for mobilizing new approaches and partnerships, including a more intentional partnership with state-level government agencies. New approaches may mean changes from the status quo, and may involve difficult conversations at times.
- **Being adaptive.** ACH development is an iterative process with each other and with state partners, so flexibility is critical in all aspects. New information, barriers, and opportunities may surface as the work goes along. Allowing for adjustments throughout the year will be important to develop the ACH in a way that achieves buy-in from the many sectors that play roles in contributing to health and well-being of county residents.
- **Building on previous work.** Consider and incorporate the work from the ACH planning phase, including the community engagement team. Consider and incorporate the values and principles expressed in the King County Health and Human Services Transformation Plan.
- **Equity.** Work intentionally to eliminate racial, ethnic, socio-economic and geographic disparities in health and well-being. Without this focus, there is a risk that current power dynamics and structural racism in health care and governmental entities will drive toward roles and governance structures that perpetuate rather than eliminate inequities. For any given issue, this requires looking at who decides, who provides, and who benefits or bears the burdens.
- **Engagement of those most affected.** Populations and communities in King County who are most impacted by health and health-related inequities (i.e., neighborhoods, low-income groups, communities of color, and people with disabilities, among others) should be among those who are influencing ACH development and associated strategies for improving their health and the health of their communities. Putting this value into practice will entail intentional development and resourcing of capacity and mechanisms that support two-way communication so that on-the-ground context expertise shall be included in ACH development, governance, decision-making, and initiatives.
- **Efficiency and not “recreating the wheel.”** Understand, value and build on existing work, expertise and roles where it makes sense to do so.

- **Transparency.** Work products associated with the interim council and its work groups will be made available to interested parties and the public.
- **Assuring that no one sector dominates.** No one participant or group of participants should control the direction, agenda, and decision-making of the interim leadership council or any of its work groups or committees.
- **Respect.** Leadership members come to the table committed to developing an ACH structure that will work for the region; will work in the spirit of mutual agreement and accountability to each other. They will put into practice the “Guidelines for Multicultural Interactions” (see page 11).
- **A focus on outcomes, results, and scale.** Work in ways that are clear about intended outcomes, align resources to achieve them, move to pay for value not volume, measure progress toward outcomes, continually improve practice, and take improvement strategies to scale for broader population health impact and lasting change.
- **The “Triple Aim”:** Recognition that new designs working to improve health outcomes must be developed in ways that simultaneously pursue three dimensions: improving the health of populations; improving the client experience of care (including quality and satisfaction); and reducing the per capita cost of health care.
- **Accountability.** In this current stage of ACH design work, the Leadership Council recognizes accountability to mean:
 - Accountable in the broadest sense to the King County community at large for assuring an ACH design process that will be effective over time at driving improved community health and well-being and reduce disparities; and
 - Accountable to the individuals in the community who experience health and health-related inequities and who most need and will be impacted by the ACH’s work; and
 - Accountable to one another, as fellow members of the leadership council, for what we may agree to, individually and collectively; and
 - Accountable to the state for the deliverables agreed to in the ACH Design contract.

MEMBERSHIP AND ROLES

4. Membership

Background. Initial membership of the interim leadership council was developed through the input of an ad hoc steering committee. Its counsel was to keep the size of the group small enough to achieve its objectives and allow for meaningful dialogue, but large enough to assure diversity of sectors, skills, and perspectives. It also sought to assure that representatives included people who were involved in or leading the four existing key cross-sector collaborations that were identified as priority initiatives whose work should inform ACH design.

Per the recommendations of the 2014 community engagement team, the ad hoc steering committee advised that two seats be dedicated to representation from community coalitions focused on eliminating health and social inequities. Finally, federally recognized Tribal partners may join the interim leadership council at any time.

Representation. The interim leadership council will comprise representatives from the following sectors/entities. For any sector, two people from different organizations may co-hold a seat, for purposes of assuring adequate sector representation and participation in meetings. For Medicaid managed care plans, all plans under contract with the Washington Health Care Authority are invited to participate. In cases where there is more than one representative from a sector, each sector would constitute one “vote” in decision making (see Decision Making Approach on page 8, for more discussion). Where there is one representative from a sector, a delegate can be sent to represent the member with advance notice to staff. Delegates can participate in decision making during meetings on behalf of their represented member.

- City of Seattle
- Sound Cities Association
- Hospital systems
- Community health centers (Federally Qualified Health Centers)
- Medicaid managed care plans
- Community mental health/substance abuse services
- Philanthropy
- Human services, via King County Alliance for Human Services
- Housing
- Regional Equity Network
- Healthy King County Coalition
- King County
- University of Washington – prevention/population health entities
- Muckleshoot Tribe – invited
- Snoqualmie Tribe – invited
- Seattle Indian Health Board – invited
- Business – to be invited
- Commercial insurer – to be invited
- Community member(s) impacted by health/health-related inequities – to be invited

5. Functioning of the ACH Leadership Council

The ACH interim leadership council will have a steering committee, three workgroups, and affiliations with four priority initiatives. An ad hoc committee on community voice, comprised

of ACH interim leadership council members and other interested parties, will be created to foster authentic partnering of community members with the ACH interim leadership council. The ACH Leadership Council may also elect to establish other work groups.

Steering committee

1. A steering committee will guide the work of the interim leadership council and its work groups. This committee is comprised of 4-7 leadership council members. This will include one interim leadership council member representative from each of the three workgroups, and up to four other members including at least one seat for an ILC community member representative, should a representative be interested. The purpose of the steering committee is to help assure that the approach to the design year is successful and achieves its deliverables by providing guidance to staff on issues and developments that arise between meetings, by helping develop leadership council meeting agendas, and by proposing modifications to approach or strategy that in turn would be taken to the full leadership council. The steering committee represents the interests of all ACH leadership council members.

Workgroups addressing “cross-cutting” roles of the ACH (these are associated with meeting deliverables laid out in the Health Care Authority Design contract)

1. Performance measurement workgroup
2. Regional health improvement plan workgroup
3. Sustainability workgroup

Affiliated groups associated with the four priority initiatives that will inform and connect to ACH design

1. Physical/Behavioral Health Integration – an ACH Committee
2. Familiar Faces management guidance team
3. Housing-health partnership planning group
4. Communities of Opportunity Governance Group

The four affiliated priority initiatives have separate processes to determine membership, and their structures may evolve over the course of the year. An intentional link has been made in the composition of the ACH leadership council to assure that one or more leadership council member is involved directly in the affiliated initiatives.

6. Meetings

A meeting series for the ACH interim leadership council has been established. The interim council may decide to add, cancel, or modify meetings as appropriate throughout the year to accomplish its business.

Project staff will work with the steering committee to prepare objectives for each meeting. Agenda and meeting materials will be distributed at least three (3) business days in advance. When a decision-making item is on the agenda, meeting materials will be distributed no fewer than five (5) business days prior to leadership council meetings. Project staff will record and distribute meeting summaries to the membership and post on the ACH website for other interested parties to access. Time will be set aside on the agenda of each leadership council meeting to allow interested parties to address and provide comments to members.

As part of the leadership council's equity value, members are encouraged to consider opportunities within their own organizations to build future leaders that reflect the diversity of the communities experiencing the greatest disparities in health and social outcomes. Where appropriate, providing opportunities for such future leaders to engage in work groups, attend leadership council meetings, or otherwise engage in this process is strongly encouraged.

7. Project Management and Facilitation

For ACH interim leadership council:

Project staff to support the work of the interim leadership council will be provided by King County with Public Health-Seattle & King County serving as convener. Staff roles will include but are not limited to assuring timely communication, supporting agenda development and meetings, providing relevant background information, analyses, and recommendations, especially in support of key decision-making, and participating in learning activities with other ACH regions. Project staff is funded in part with a portion of the Health Care Authority ACH Design grant, and in part through in-kind staffing.

Watanabe Consultation will strategize on approaches and activities throughout the year designed to cultivate inclusion of underrepresented voices and communities in the ACH design work. This work will build upon the guidance developed in the 2014 planning phase.

Leadership council meetings will be facilitated by project staff, but may also be facilitated by a neutral, external party as the work progresses and as deemed appropriate by the Leadership Council members.

For work groups:

Public Health-Seattle & King County will provide in-kind staffing to support the work of the Performance Measurement Workgroup and for the Regional Health Improvement Plan Workgroup. Support for a convening a Sustainability Workgroup was not identified at the time the charter was developed (due to resource limitations), but remains under exploration. King County Department of Community and Human Services will organize and fund lead staff and consulting support for the physical/behavioral health integration committee using in-kind resources.

OBJECTIVES

8. Scope and deliverables - What will the Leadership Council do?

The following list is based both on the decisions made in the previous 2014 planning phase, and on the requirements laid out in the Health Care Authority Design contract.

- Prepare a regional health needs inventory, and prepare a recommended process for a future regional health improvement plan and how it will be used.
- Develop a recommended governance model for implementation in 2016.
- Develop an initial plan for future sustainability.
- Recommend how administrative, financial, coordination, convening, communication, and data support functions (also called backbone functions) will be carried out in the future ACH structure, and assure a mechanism is put in place for periodic reaffirmation of the backbone organization(s) in order to allow for adjustments over time, as necessary.
- Throughout the year, work to assure coherence across a set of four existing priority initiatives, taking actions where appropriate to support their success. Use the learnings from these interactions to inform the recommended governance model.
- Provide input/recommendations to the state (and to the county/cities, where appropriate) related to health transformation elements such as physical/behavioral health integration, aspects of Medicaid purchasing, practice transformation hub, population health improvement plan, and issues connected to ACH development and functions.
- Develop an ACH Readiness Proposal no later than the end of 2015 in preparation for an entity/partnership to receive formal ACH designation.
- Endorse a model of care for full clinical and financial integration of physical health, mental health, and substance use disorder services, establishing a pathway forward for King County to achieve full integration including key phases, milestones and timelines.

- Facilitate decision-making about how to respond to new cross-sector health improvement initiatives/opportunities should they arise in 2015.
- As needed, endorse representatives from the King County ACH design region to serve on statewide work groups or advisory committees related to ACH development.

9. Duration

The ACH interim leadership council agrees to work together from May – December 2015. In late 2015, as part of an anticipated shift to an ongoing ACH structure, the leadership council will develop and execute a plan to transition from an interim to an ongoing structure. It is recognized that even the “ongoing” structure may need to adapt over time because structure should follow functions and functions may change over time.

10. Resources

Resources available for accomplishing this work include:

- **ACH Design grant** - \$100,000 from the Washington Health Care Authority for the period April 17, 2015 – January 31, 2016.
- **In-kind support** from various organizations including the time of leadership council members and that of people serving on work groups
- **Technical assistance** (TA) to be accessed through the ACH TA contract award by the Health Care Authority to Empire Health Foundation.
- **The four initiatives of initial focus** have varying levels of resources specifically to support them and their governance, initiatives, and supporting functions. Resources are from a mix of aligned existing sources, philanthropy partners, and government.
 - Physical/behavioral health integration
 - Familiar Faces initiative
 - Housing-health partnership planning group
 - Communities of Opportunity

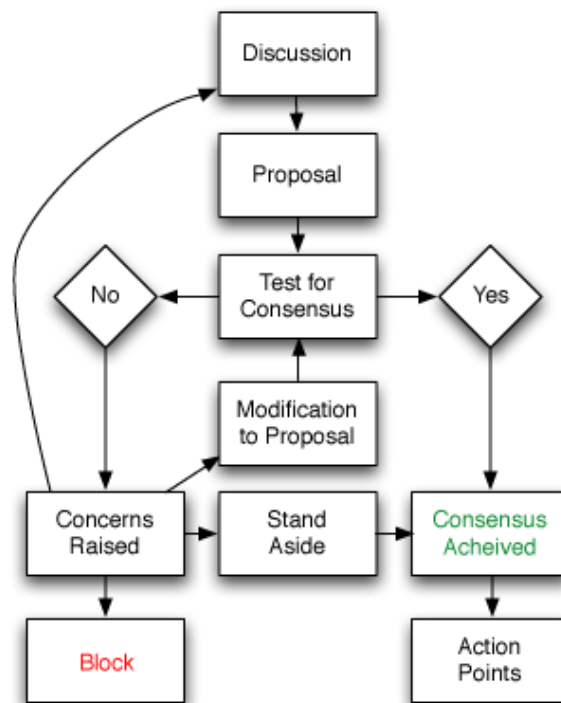
PROCESSES AND WORKING TOGETHER

11. Decision Making Approach

Because achieving voluntary agreement and buy-in from different sectors is foundational to the work and success of an ACH, the leadership council will make decisions and recommendations by consensus. The approach encourages putting the good of the whole above the interests of a single organization, and finding solutions that all parties support or at least can live with. Decisions will be documented in meeting summaries.

As part of consensus decision making process, any sectors that have more than one representative in attendance will be asked to caucus as appropriate and participate as “one vote or one voice” when making consensus-based decisions.

The following outlines the process steps in consensus decision making:¹



Levels of agreement:

- I can say an unqualified "yes."
- I can accept the decision.
- I can live with the decision.
- I do not fully agree with the decision, however, I will not block it.
- I cannot live with the decision and will block it.

The leadership council aims to reach decisions by full consensus. The council will work to understand and integrate perspectives of all members until an agreeable solution can be found in a reasonable amount of time. Consensus may not mean 100% agreement on all parts of an issue, but rather that all members have reviewed a decision and are fully supportive, can accept the decision, can live with the decision, or do not fully agree, but will not block a decision. In

¹ "Consensus-flowchart" by grant horwood, aka frymaster - <http://en.wikipedia.org/wiki/Image:Consensus-flowchart.png>. Licensed under CC BY-SA 3.0 via Wikimedia Commons - <http://commons.wikimedia.org/wiki/File:Consensus-flowchart.png#/media/File:Consensus-flowchart.png>

the event that consensus is not possible, the leadership council can invoke “consensus-minus-one” and move forward with a decision or proposal with a maximum of one seat not supporting the decision.

Key decisions will be made in person at leadership council meetings. Members will be provided with adequate advance notice about decision items, and with a written “decision memo” that describes the issue, background, analysis including pros/cons, and staff recommendation. For more routine items, decision-making may be conducted over email and/or phone.

12. Managing real or perceived conflicts of interest

Conflict is to some degree inherent and expected in an endeavor that brings different sectors together to work on issues they can’t address successfully on their own. The ACH leadership council acknowledges that conflicts, real or perceived, may surface in its work. This may occur within and among members of the leadership council, project staff team, state partners, and consultants working on the initiative.

The leadership council seeks to cultivate a culture of openness in talking about conflicts of interest. Many of its members as well as those in project staff and facilitation roles may have contractual relationships with one another and/or with the state, for example.

The leadership council will be intentional in identifying potential conflicts of interest. Members should raise or ask fellow members about potential conflicts related to the topics under discussion or decision making. Members, staff, and consultants should disclose potentially relevant conflicts, and then the leadership council should collectively decide how to address or manage the potential conflict on an issue-by-issue basis. Identified conflicts will be reflected, including dates on which those conflicts are declared, in meeting summaries.

Guidelines for Multicultural Interactions

Be present...Let go of anything that might be a distraction (deadlines, paperwork, children, etc.) and be intentional about your purpose in this moment. Bring your full attention to the process. Acknowledge anything that you need to let go of in order to be present.

Try on new ideas, perspectives ... as well as concepts and experiences that are different than your own. Be willing to open up to new territory and break through old patterns. Remember, “try on” is not the same as “take on.”

It's OK to disagree... Avoid attacking, discounting or judging the beliefs and views of others. Discounting can be verbally or non-verbally. Instead, welcome disagreement as an opportunity to expand your world. Ask questions to understand the other person's perspective.

Confidentiality...There is another dimension of confidentiality that includes “asking permission” to share or discuss any statement another person makes of a personal nature. It helps to remember that the story belongs to the teller.

Step up, step back... Be aware of sharing space in the group. If you are person who shares easily, leave space for others to step into. Respect the different rhythms in the room, it is ok to be with silence. If you are a person who doesn't speak often, consider stepping forward and sharing your wisdom and perspective.

Self awareness... Respect and connect to your thoughts, feelings and reactions in the process. Be aware of your inner voice and own where you are by questioning why you are reacting, thinking and feeling as you do. Monitor the content, the process and yourself.

Check out assumptions...This is an opportunity to learn more about yourself and others; do not “assume” you know what is meant by a communication especially when it triggers you – ask questions.

Practice “both/and” thinking... Making room for more than one idea at a time means appreciating and valuing multiple realities (it is possible to be both excited and sad at the same time) – your own and others. While either/or thinking has its place it can often be a barrier to human communication

Intent is different from impact... and both are important. It is also important to own our ability to have a negative impact in another person's life despite our best intention. In generous listening, if we assume positive intent rather than judging or blaming, we can respond, rather than reacting or attacking when negative impact occurs.

Listen deeply ...Listen with intent to hear, listen for the entire content and what is behind the words. Encourage and respect different points of view and different ways of communicating. Engage heart and mind -- listen with alert compassion.

Speak from the “I”...is speaking from one's personal experience rather than saying “we,” it allows us to take ownership of thoughts, feelings and actions

Laurin Mayeno and Elena Featherston, 2006
Adapted from VISIONS, Inc.